

# STUDYING THE WELFARE OF CHILDREN AT AN EARLY AGE IN THE SYSTEM OF INSTITUTIONAL CARE

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## ABSTRACT

This article discusses the need to develop a unified vision and strategy for enhancing the welfare of children at an early age in the institutional care system in Bulgaria. The methodological basis for the research is the "Quality Framework for Early Childhood Services" (QFECS) of the International Association Step-by-Step (ISSA). A diagnostic tool was developed that explores the guiding principles of good practices in nine different priority areas in three distinct groups in Bulgaria. It analyzes the state of early care and identifies the resources that ensure the quality of services during early childhood.

Keywords:

*welfare,*

*early childhood,*

*institutional care,*

*quality of services in nurseries.*

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## 1. INTRODUCTION

As a matter of fact, the nurseries are defined as organizationally separate structures in which medical and other specialists carry out raising, educating and training children from three months to three years of age. In recent years, this definition has lost its relevance, given the results of early childhood and care research. The arguments in this regard are the research and the assertion of the role of prenatal development and the ever-increasing tendency that "the modern family, not only in an economic but also in a deep spiritual crisis, needs both socio-economic and professional - psychological support" (Tasevska, 2008: 12).

Contemporary research confirms that the child's future development is the first 1000 days of his life. According to their research relevance and relevance, actions are under way in Bulgaria aimed at:

- reassessing the status of crèches, respectively, of crèches in the system of institu-

tional care;

- improving public services for early childhood development;

- clarifying the role of the institutions in developing a unified vision and strategy for improving the well-being of children at an early age;

- implementing cross-sectoral cooperation with a view to achieving a broad consensus on the implementation of a more integrated approach;

- approach in children's policies during this period.

An important input in this direction is the initiative of the ISSA, which develops and implements the "Quality Framework for Early Childhood Services" (QFECS).

The present study analyzes the achieved results and the effects of the "Quality Framework for Early Childhood Services" (QFECS) in three distinct groups of United Children's Establishments in Bulgaria.

## 2. MATERIALS AND METHODS

The "Quality Framework for Early Childhood Services" (QFECS) is based on the vision of the ISSA for a society in which families, communities and experts work together to enable each child to develop their full potential.

The framework outlines the guiding

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principles of good practice in Nine different priority areas and details the indicators that describe ways to effectively implement them.

Its development is in line with other international frameworks and opinions, of which more important are:

- Early Childhood Education and Care (ECEC, 2014);
- Review of Policies and Practices for Monitoring and Quality Assessment of Early Learning and Development in Strong Start III (OECD, 2012);
- Early childhood education and care: to provide all children with the best start in life for tomorrow's world (EC—European Commission, 2011);
- Documents from UNESCO and UNICEF.

According to experts in the field of European early-school policy, the proposal to create a national pedagogical framework covering the period from birth to the start of schooling is characterized by high innovation and prospect, given the opportunity to provide “more effective management of the targeted system of social care in early and preschool age” (Mihova, 2012: 126).

Exploring the European standards towards children, Kaleynska includes the child welfare among the basic children's rights to be guaranteed by the Union policies (Kaleynska, 2014:125).

At a conceptual level, the Framework introduces new approaches to fostering care and well-being in early childhood, and focuses on updating policies on early childhood development.

At the instrumental level, its significance is expressed in the definition of Nine priority areas, the deployment of which ensures the parity of meeting the needs of all stakeholders: children, families and professionals in specialized institutions.

Recognizing the special needs of children from the birth to the age of three, the ISSA formulates specific principles and indicators in delivering high quality services to children of the elderly.

The framework contains potential in the context of the modern sustainable development paradigm, as it implies the idea that “education should not only be life-wide but also diversified, and learning intensively integrated into all major activities of life” (Dyankova, 2018a: 96). Detailed detailing of the principles characterizing the individual priority areas reflects the RCDC's potential for measuring the quality of services in early childhood.

At an applied level, the effectiveness of the Framework is contained in the substantiated description of specific indicators for recognizing the principles that basically define childcare at an early age.

Outlined practical expedience makes the Framework a reliable indicative tool, tracking logical consistency in identifying the results and effects of its application in social and institutional practices.

## 2.1. Research program

The research program has been deployed in four stages:

First stage: information, during which the following activities were carried out:

- meeting with the clergy teams of three clerical groups from the “Zvenche” Kindergarten and Kindergarten “Zname na mira”, Vratsa and presenting the goals of the study;
- Establishing a timetable for conducting trainings with participants for the implementation of the “Quality Framework for Early Childhood Services” in the Task Force;
- Establishment of a timetable for visitor group visits for the purpose of monitoring and evaluating childcare provision at an early age after the training provided;
- Validation of the Early Childhood Quality Assessment tools: Monitoring Surveillance Daily of the Monitoring Expert and “Self-Assessment Daily Report” of the Jaslitte Team Specialists.

Stage Two: A training course in which cluster specialists are involved in training modules.

Content-based trainings present the guiding principles of good practice in Nine Different Priority Areas for Quality of Service in Early Childhood and detail the ways for their effective implementation.

Third stage: appraising, in which the actual monitoring and assessment of the well-being of the children at an early age is carried out in accordance with the principles and priorities of the Framework.

Stage four: Final, analyzing the results and effects of RACC implementation.

### 3. RESULTS

The analysis of the results and the evaluation of the effects is based on the data processing of the two main instruments:

- “Daily Surveillance Report”, completed by the expert in the monitoring of the groups after the training;
- “Daily self-assessment report” after the training, reflecting the reflexion of the cluster teams on the guiding principles and ways to apply best practices in the 9 priority areas of the “Quality Framework for Early Childhood Services” (QFECS).

In substance, the described tools are identical, allowing their results to be compared and analyzed.

According to modern researchers, the observed correlations and discrepancies in the percentage ratio of the marked statements take into account trends typical of such studies:

- self-evaluation is a process in which the subjects unconsciously choose those degrees in the stated statements that rather reflect their “desirable” behavior;

- Surveillance is a process in which subjects dominate their focus on FACTS, reflecting difficulties in implementing “expectant” behavior (Dyankova, 2018b: 11).

Conditional compliance with these two trends is in the direction of subsequent analysis.

The Pilot Implementation of a “Quality Framework for Early Childhood Services” in three distinct groups in the municipality of Vratsa examines the state of early childhood care.

The focus of the study is defined in the principles and indicators of Nine priority areas.

The tables contain the quantitative values and percentage equivalents of the results of “Daily report self-assessment” of the members of the creche teams and “Daily report for observation” carried out by the expert monitoring.

Their discussion builds on the indicators that reveal the extent of resource outcomes that ensure the quality of services in early childhood.

#### 3.1. Priority area “Relationships”

**Table 1.** Principle 1: Relationship with each child recognizes and values its uniqueness, competencies, personal style of communication, preferences and opinion.

Indicator 1.1.	It responds to the child's signals about his or her desires, interests, and choices.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	3	33.3	5	55.56
self-assessment	0	00.0	0	00.0	10	100.0
Indicator 1.2.	He meets the child in ways that correspond to his temperament and personality.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	2	22.2	7	77.78
self-assessment	0	00.0	0	00.0	10	100.0
Indicator 1.3.	It shows to the child that what he says is listened to.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	3	33.33	4	44.44
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 1.4.	An understanding of the child's preference for the tempo, time and intensity of the speech, movements and facial expressions is shown.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	4	44.4	0	00.00	5	55.56
self-assessment	0	00.0	4	40.40	6	60.00
Indicator 1.5.	It interacts with the child, with respect for him as an active researcher and a capable participant.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	1	11.11	8	88.89
self-assessment	0	00.0	0	00.00	10	100.0



**Table 2.** Principle 2: Relationships are deepened by interactions that create a strong attachment.

Indicator 2.1.	Close proximity to the child is maintained.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	1	11.11	8	88.89
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 2.2.	Attention is drawn to the child's attempts to communicate (verbal and non-verbal).					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	5	55.56	4	44.44
self-assessment	2	20.0	1	10.00	7	70.00
Indicator 2.3.	It reacts quickly to signs of stress in a soothing and child-friendly way.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	0	00.00	9	100.00
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 2.4.	Children's feelings are respected, including during changes.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	0	00.00	9	100.00
self-assessment	0	00.0	2	20.00	8	80.00
Indicator 2.5.	Reaction is consistent and predictable to the child.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	6	66.67	3	33.33
self-assessment	0	00.0	4	40.00	6	60.00
Indicator 2.6.	Helpful to the child to anticipate the consequences.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	5	55.5	4	44.44	0	00.00
self-assessment	0	00.0	7	70.00	3	30.00

**Table 3.** Principle 3: Relationships are promoted through strategies that promote dialogue.

Indicator 3.1.	Visual contact with the child is maintained during communication (where it is culturally accepted).					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	5	55.56	4	44.44
self-assessment	0	00.0	0	00.00	10	100.00
Indicator 3.2.	The response is warm and loving towards the child.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	0	00.00	9	100.00
self-assessment	0	00.0	0	00.00	10	100.00
Indicator 3.3.	A calm and attentive expression is preserved while communicating with the child.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	5	55.56	4	44.44
self-assessment	0	00.0	0	00.00	10	100.00
Indicator 3.4.	A tone of voice is used that demonstrates interest, tenderness, concern and understanding of the child.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	0	00.00	9	100.00
self-assessment	0	00.0	2	20.00	8	80.00
Indicator 3.5.	Body language is used, which is calm, open and expresses interest in the child.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	0	00.00	9	100.00
self-assessment	0	00.0	3	33.33	7	70.00

**Table 4.** Principle 4: Relationships between the children themselves are stimulated.

Indicator 4.1.	The importance of peer relationships in very young children is recognized.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	9	100.0	0	00.00
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 4.2.	Social interactions between children are encouraged through modeling, careful guidance and, where necessary, intervention.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	8	77.78	1	11.11
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 4.3.	The child is encouraged to express their emotions appropriately using a language that is available to them.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	4	44.44	5	55.56
self-assessment	0	00.0	3	30.00	7	70.00
Indicator 4.4.	Helping very young children to understand that others also have needs and feelings, and that they need to be taken into account.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	9	100.0	0	00.0
self-assessment	0	00.0	1	10.00	9	90.00

**Table 5.** Principle 5: Relationships support / facilitate children under the age of three in changing their day-to-day and extraordinary activities.

Indicator 5.1.	The individual nature of each child's approach to change is recognized and supports these changes.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	8	88.89	1	11.11
self-assessment	0	00.0	8	88.89	1	11.11
Indicator 5.2.	Communication and coordination with all other adults who are involved with the child at the time of change is maintained.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	1	11.11	8	88.89
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 5.3.	Daily activities are regularly evaluated to ensure that the child's needs are met by observing the child's reactions.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	4	44.44	5	55.56
self-assessment	1	10.0	2	20.00	7	70.00
Indicator 5.4.	Regular communication with parents / families about activities to ensure their consistency, is maintained.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	5	55.56	4	44.44
self-assessment	1	10.0	1	10.00	8	88.89



### 3.2. Priority area “Family and Community”

**Table 6.** Principle 1: Knowing and respecting families and communities affirms their relationship with them and between them.

Indicator 1.1.	The specialist studies the values, beliefs, assumptions and practices of the family and applies them whenever possible.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	9	100.0	0	00.00
self-assessment	0	00.0	8	80.00	2	20.00
Indicator 1.2.	The specialist studies the communities in which children live and applies this knowledge to meet the needs of children to create learning approaches.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	4	44.44	5	55.56
self-assessment	1	10.0	7	70.00	2	20.00
Indicator 1.3.	The specialist builds on the strengths of the family and community, and when it is possible to adopt and incorporate "knowledge funds" that are part of every family and community.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	8	88.89	1	11.11
self-assessment	2	20.0	4	40.00	4	40.00
Indicator 1.4.	The specialist personalizes relationships and services for families in the way they best meet their needs.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	3	33.33	6	66.67
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 1.5.	The specialist encourages families to learn from one another and to support them.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	7	77.78	2	22.22
self-assessment	1	10.0	3	30.00	6	60.00

**Table 7.** Principle 2: Sensitive, respectful and equal communication with families supports the development and learning of children.

Indicator 2.1.	The specialist engages in continuous, effective communication with parents / families to share information about the child's experiences, health and needs.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	0	00.00	9	100.00
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 2.2.	The specialist spends time listening carefully by being unbiased to the families.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	6	66.67	3	33.33
self-assessment	0	00.0	2	20.00	8	80.00
Indicator 2.3.	The specialist uses different forms of communication with families, including their language and communication preferences.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	4	44.44	5	55.56
self-assessment	0	00.0	6	60.00	4	40.00
Indicator 2.4.	The specialist maintains the confidentiality of all information about the child and his / her family.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	1	11.11	8	88.89
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 2.5.	The specialist moderates disagreements, reports and supports in ways that lead to positive results for the child.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	4	44.44	5	55.56
self-assessment	0	00.0	4	40.00	6	60.00
Indicator 2.6.	The specialist engages in continuous and effective communication with parents / families to share information about the child's experiences, health and needs.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	4	44.44	3	33.3
self-assessment	0	00.0	1	10.00	9	90.00

**Table 8.** Principle 3: Services are best provided in partnership with the family.

Indicator 3.1.	The right and responsibility of each family to be involved in making the final decisions about the development, learning, well-being and services provided to the child is guaranteed.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	4	44.44	5	55.56
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 3.2.	Family-specific goals, needs and cultural practices are respected and mutually agree activities to enhance continuity between home and other backgrounds.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	3	33.33	5	55.56
self-assessment	0	00.0	4	40.00	6	60.00
Indicator 3.3.	Strengthening and strengthening parenting practices while offering proven parental education and support when needed.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	6	66.6	3	33.33	0	00.00
self-assessment	2	20.0	6	60.00	2	20.00
Indicator 3.4.	The involvement and commitment of fathers and other family members to the care and learning of the child is encouraged.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	8	88.89	0	00.00
self-assessment	0	00.0	1	10.00	9	90.00

**Table 9.** Principle 4: Partnerships based on co-operative and community-based cooperation best support families and children.

Indicator 4.1.	The specialist guarantees trouble-free transitions by negotiating with various services to support families.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	3	33.33	6	66.67
self-assessment	9	90.0	1	10.00	0	00.00
Indicator 4.2.	The specialist actively engages local communities to promote and promote the rights of children and families through advocacy activities that go beyond local communities.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	8	88.89	0	00.00
self-assessment	8	80.0	0	00.00	2	20.00
Indicator 4.3.	The specialist creates opportunities for community members to be involved and take part in early childhood service activities.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	6	66.6	3	33.33	0	00.00
self-assessment	8	80.0	1	10.00	1	10.00
Indicator 4.4.	The specialist notes that very young children are part of the community and play an important role in their early life experience.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	3	33.33	5	55.56
self-assessment	0	00.0	4	40.00	6	60.00



### 3.3. Priority area “Inclusiveness, diversity and values of democracy”

**Table 10.** Principle 1: Inclusion provides equal opportunities for each child and family to participate regardless of gender, race, ethnic origin, culture, mother tongue, religion, family structure, social status, age or special needs.

Indicator 1.1.	The specialist demonstrates awareness of the values, culture, beliefs, assumptions and attitudes about how they affect communication, interactions and relationships between children and their families.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	7	77.78	0	00.00
self-assessment	1	10.0	8	80.00	0	00.00
Indicator 1.2.	The specialist treats each child and his family with respect and dignity.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	1	11.11	6	66.67
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 1.3.	The specialist adapts the environment, learning practices and interactions so that those with different physical and mental abilities or who speak different languages can also participate fully.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	6	66.67	1	11.11
self-assessment	0	00.0	2	20.00	8	80.00
Indicator 1.4.	The specialist draws attention to gender and other stereotypes (including stereotypes about poverty) in the materials and learning practices provided to children and / or their families.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	6	66.67	0	00.00
self-assessment	3	33.3	2	20.00	5	50.00
Indicator 1.5.	The specialist provides a level playing field for all girls and boys in the services for young children.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	0	00.00	6	66.67
self-assessment	0	00.0	1	10.00	10	100.00

**Table 11.** Principle 2: Understanding and appreciating the diversity that exists among children, families and communities builds childhood identities.

Indicator 2.1.	Includes interactions, learning practices and materials that reflect the cultural, linguistic, family and individual diversity of children and their families.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	5	55.56	1	11.11
self-assessment	0	00.0	9	90.00	1	10.00
Indicator 2.2.	Helps family upbringing with children, in addition to cultural and language styles wherever possible. Where appropriate, appropriate support and guidance is offered.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	6	66.67	1	11.11
self-assessment	0	00.0	7	70.00	3	30.00
Indicator 2.3.	Includes mother tongue (s) in interactions with the child and encourages families to use it in their interactions with the child.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	5	55.56	1	11.11
self-assessment	4	40.0	3	30.00	3	30.00
Indicator 2.4.	It actively promotes the expression of cultural identities.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	2	22.22	4	44.44
self-assessment	0	00.0	4	40.00	6	60.00
Indicator 2.5.	Supports the development of all the identities of the child.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	1	11.11	6	66.67
self-assessment	0	00.0	3	30.00	7	70.00
Indicator 2.6.	It demonstrates sensitivity to the different roles within the family that it decides.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	0	00.00	6	66.67
self-assessment	0	00.0	3	30.00	7	70.00



**Table 12.** Principle 3: Promoting the sense of individuality, opinion and decisions of each child, motivating democratic values and practices.

Indicator 3.1.	It offers great opportunities for children to make choices.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	2	22.22	6	66.67
self-assessment	0	00.0		00.00	10	100.00
Indicator 3.2.	Encourages children to express themselves in numerous ways, based on multiple language, gesture and other non-verbal forms of communication.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	6	66.67	1	11.11
self-assessment	0	00.0	0	00.00	10	100.0
Indicator 3.3.	Supports parents in creative listening and responding to children.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	5	55.56	1	11.11
self-assessment	0	00.0	0	00.00	10	100.00
Indicator 3.4.	Pricing, encouraging and looking for the individual contribution of children to experiences, knowledge and expression in an open and unbiased way.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	1	11.11	5	55.56
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 3.5.	It implements effective positive guiding strategies that support the restoration of justice and the preservation of dignity.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	4	44.4	5	55.56	0	00.00
self-assessment	0	00.0	0	00.00	10	100.00

**Table 13.** Principle 4: Inclusion is promoted through partnerships with families.

Indicator 4.1.	Dialogue with families about how services can be improved to show respect and appreciate diversity.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	4	44.4	5	55.56	0	00.00
self-assessment	0	00.0	2	20.00	8	80.00
Indicator 4.2.	Dialogue with families about how services can be more inclusive, including advocacy and support for families with children with special needs.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	1	11.11	5	55.56
self-assessment	0	00.0	3	30.00	7	70.00
Indicator 4.3.	Work with families and specialists to create an inclusion plan. Discusses in this plan the successes and challenges, observations and reflections related to the individual work with the child.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	6	66.67	0	00.00
self-assessment	4	40.0	3	30.00	3	30.00

### 3.4. Priority area “Health, well-being, nutrition”

**Table 14.** Principle 1: Every child's health is encouraged.

Indicator 1.1.	Providing a safe environment that promotes development and well-being.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	3	33.33	6	66.67
self-assessment	0	00.0	0	00.00	10	100.0
Indicator 1.2.	Promoting and maintaining effective hygiene practices that control the spread of infectious diseases and support healthy habits.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	2	22.22	7	77.78
self-assessment	0	00.0	0	00.00	10	100.0
Indicator 1.3.	Immunization information and timetables are provided to encourage parents to immunize their children in a timely manner.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	6	66.67	1	11.11
self-assessment	0	00.0	0	00.00	10	100.0
Indicator 1.4.	There are procedures to prevent and deal with injuries that include first aid, child's heartbeat, and home and offsite safety education.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	6	66.67	1	11.11
self-assessment	0	00.0	0	00.00	10	100.0
Indicator 1.5.	The need for regular health checks and monitoring of their outcomes is underlined.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	6	66.6	1	11.11
self-assessment	0	00.0	1	10.0	9	90.00
Indicator 1.6.	It satisfies the child's need for physical activity, as well as rest and sleep.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	2	22.22	6	66.67
self-assessment	0	00.0	0	00.00	10	100.0

**Table 15.** Principle 2: Meeting the nutritional needs of the child.

Indicator 2.1.	Breastfeeding is supported and information about it and the conditions facilitating it are provided.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	4	44.4	5	55.56	0	00.00
self-assessment	0	00.0	2	20.00	8	80.00
Indicator 2.2.	Support (including through modeling) healthy eating habits for young children; there is a choice of healthy, age-appropriate foods that are culturally and regionally tailored.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	6	66.67	2	22.22
self-assessment	0	00.0	0	00.00	10	100.00
Indicator 2.3.	Ensure that food meets the dietary requirements of children and takes into account allergies to certain foods.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	7	77.78	2	22.22
self-assessment	0	00.0	0	00.00	10	100.00
Indicator 2.4.	Hygienic procedures for storing, preparing and serving food are followed and encouraged.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	7	77.78	2	22.22
self-assessment	0	00.0	7	77.78	2	22.22
Indicator 2.5.	Researching and discussing with families (and their services), food and hygiene practices that are provided in early childhood care institutions.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	0	00.00	6	66.67
self-assessment	0	00.0	5	50.00	5	50.00

**Table 16.** Principle 3: Health care and nutrition are a source of pleasure and effectation.

Indicator 3.1.	Promoting nutrition and care as a source of pleasure as part of the relationship between care and learning.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	7	77.78	0	00.00
self-assessment	0	00.0	0	00.00	10	100.00
Indicator 3.2.	The active participation of the child in these activities is encouraged.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	3	33.33	6	66.67
self-assessment	1	11.1	3	33.33	6	66.67
Indicator 3.3.	Activities related to nutrition and care that meet the individual needs of children are provided and encouraged.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	5	55.56	1	11.11
self-assessment	0	00.0	0	00.00	10	100.00
Indicator 3.4.	There are close and positive interactions during nutrition and care that enhance attachment.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	6	66.67	1	11.11
self-assessment	0	00.0	4	40.00	6	60.00

**Table 17.** Principle 4: Every child is protected from violence, lack of care and injury by promoting appropriate practices, prevention and intervention.

Indicator 4.1.	The specialist monitors the mental and physical condition of children, identifies signs of violence and / or lack of care that affect children's health and informs relevant authorities.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	2	22.22	6	66.67
self-assessment	0	00.0	8	80.00	2	20.00
Indicator 4.2.	The specialist follows established procedures for recommendations and work with families when children show signs of atypical behavior, depression or anxiety.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	6	66.67	0	00.00
self-assessment	0	00.0	4	40.00	6	60.00
Indicator 4.3.	The specialist maintains families during a crisis, stress, and maternal or depression.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	9	100	0	00.00	0	00.00
self-assessment	2	20.0	8	80.00	0	00.00
Indicator 4.4.	The specialist knows the roles, legal responsibilities and procedures to protect children at risk of violence and / or lack of care, including knowledge of how to keep in touch with a family suspected of violence against the child.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	4	44.4	3	33.33	2	22.22
self-assessment	1	10.0	7	70.00	2	20.00



### 3.5. Priority area “Development and Learning”

**Table 18.** Principle 1: The development of children is holistically approached.

Indicator 1.1.	The specialist should follow and / or develop a curriculum that covers all areas of experience in the child's holistic development.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	4	44.44	5	55.56
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 1.2.	The specialist integrates the child's previous experience in introducing new experiences.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	2	22.22	7	77.78
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 1.3.	The specialist encourages and uses diverse approaches to learning children.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	0	00.00	6	66.67
self-assessment	0	00.0	0	00.00	10	100.00
Indicator 1.4.	The specialist offers and encourages a combination of varied and predictable experiences that encourage study, experimentation, independent research, and the child's creativity.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	1	11.11	6	66.67
self-assessment	0	00.0	7	70.00	3	30.00

**Table 19.** Principle 2: Care is seen as an opportunity for development and learning.

Indicator 2.1.	Daily nutrition and health care are encouraged to stimulate children's active participation and autonomy.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	2	22.22	7	77.78
self-assessment	0	00.0	0	00.00	10	100.00
Indicator 2.2.	Care and transitions are encouraged that encourage the child to discuss and collaborate in advance, taking into account the child's mood or attention.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	7	77.78	0	00.00
self-assessment	6	60.0	2	20.00	2	20.00
Indicator 2.3.	Opportunities are being used to encourage child development in an integrated way in the context of naturally occurring events.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	7	77.78	0	00.00
self-assessment	0	00.0	5	50.00	5	50.00
Indicator 2.4.	Caring activities are used to talk to the child.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	3	33.33	5	55.55
self-assessment	0	00.0	0	00.00	10	100.00

**Table 20.** Principle 3: Play is a source and strategy for development, well-being and learning.

Indicator 3.1.	The specialist encourages the game as a source of development, exploration, discovery, engagement and joy.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	1	11.11	7	77.78
self-assessment	0	00.0	0	00.00	10	100.00
Indicator 3.2.	The specialist encourages the development and age-appropriate, gaming experience based on the knowledge of each child.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	1	11.11	6	66.67
self-assessment	0	00.0	0	00.00	10	100.00
Indicator 3.3.	The specialist realizes the role of the key adults they play in the game and the importance of being close to the child during these experiences.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	7	77.78	0	00.00
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 3.4.	The specialist provides opportunities for children to play with other children and to enjoy pleasant moments together in ways that encourage recognition and collaboration with others.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	1	11.11	6	66.67
self-assessment	0	00.0	0	00.00	10	100.00
Indicator 3.5.	The specialist encourages the game by providing open resources that support creative discovery.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	6	66.67	1	11.11
self-assessment	0	00.0	0	00.00	10	100.00

**Table 21.** Principle 4: Development and learning is promoted through support.

Indicator 4.1.	Responding to children's signals, actions and comments by providing verbal and non-verbal advice, assistance or questions, descriptions and tips, and multi-faceted communications.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	7	77.78	1	11.11
self-assessment	0	00.0	0	00.00	10	100.00
Indicator 4.2.	Learning new concepts and skills is related to the child's previous knowledge and experiences.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	1	11.11	6	66.67
self-assessment	0	00.0	0	00.00	10	100.00
Indicator 4.3.	Children are encouraged to take appropriate risks to encourage their development and learning by taking an active part in solving their problems.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	8	88.8	0	00.00	1	11.11
self-assessment	0	00.0	1	10.00	9	90.00

### 3.6. Priority area “Monitoring, Documentation, Reflection and Planning”

**Table 22.** Principle 1: Monitoring provides important information about child development, learning, interests, strengths and needs.

Indicator 1.1.	The specialist values the act of observing the verbal and non-verbal behaviors of the child as well as the context for concrete behavior as a way to better understand the child and motivate its decisions.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	9	100.0	0	00.00
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 1.2.	The specialist participates in a number of observations of child growth, language, development and learning, daily and over time.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	8	88.89	1	11.11
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 1.3.	The specialist uses surveillance to determine if changes to learning practices are necessary with the child.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	1	11.11	5	55.56
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 1.4.	The specialist uses observation to mark and document the achievements of the children.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	1	11.11	5	55.56
self-assessment	0	00.0	4	40.00	6	60.00
Indicator 1.5.	Uses monitoring and screening tools as a way of identifying possible delays in development, disability, malnutrition, chronic illness, atypical behavior.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	6	66.67	0	00.00
self-assessment	3	33.3	6	66.67	0	00.00

**Table 23.** Principle 2: Monitoring is most useful when documenting, analyzing and sharing with parents / families and other people involved in the care and well-being of the child.

Indicator 2.1.	The specialist records the observations in a comprehensible and objective way so that they can be shared easily with others who also work with the child (with permission from the parents).					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	8	88.89	0	00.00
self-assessment	0	00.0	3	30.00	7	70.00
Indicator 2.2.	The specialist uses various tools as appropriate to record and / or evaluate observations, including incidental recordings, stories, videos, photos, audio recordings, dictations, drawings and references.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	6	66.6	2	22.22	1	11.11
self-assessment	0	00.0	4	40.00	6	60.00
Indicator 2.3.	The specialist uses a system to organize monitoring and file keeping so that information can be used for sharing, screening, evaluation, and planning purposes.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	7	77.7	2	22.22	0	00.00
self-assessment	0	00.0	4	40.00	6	60.00
Indicator 2.4.	The specialist shares observations with families and other professionals (when parental permission is granted) working with the child to ensure seamless care for the child and engaging in any interference and involvement of other services.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	7	77.78	0	00.00
self-assessment	0	00.0	2	20.00	8	80.00
Indicator 2.5.	The specialist specifies specific hours for reviewing the documentation with other key adults involved in child care.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	8	88.8	1	11.11	0	00.00
self-assessment	4	40.0	2	20.00	4	40.00



**Table 24.** Principle 3: The joint discussion of children's observations and the documentation of their learning and socialization experiences motivates the review of professional practices and their future improvement.

Indicator 2.1.	The specialist records the observations in a comprehensible and objective way so that they can be shared easily with others who also work with the child (with permission from the parents).					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	8	88.89	0	00.00
self-assessment	0	00.0	3	30.00	7	70.00
Indicator 2.2.	The specialist uses various tools as appropriate to record and / or evaluate observations, including incidental recordings, stories, videos, photos, audio recordings, dictations, drawings and references.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	6	66.6	2	22.22	1	11.11
self-assessment	0	00.0	4	40.00	6	60.00
Indicator 2.3.	The specialist uses a system to organize monitoring and file keeping so that information can be used for sharing, screening, evaluation, and planning purposes.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	7	77.7	2	22.22	0	00.00
self-assessment	0	00.0	4	40.00	6	60.00
Indicator 2.4.	The specialist shares observations with families and other professionals (when parental permission is granted) working with the child to ensure seamless care for the child and engaging in any interference and involvement of other services.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	7	77.78	0	00.00
self-assessment	0	00.0	2	20.00	8	80.00
Indicator 2.5.	The specialist specifies specific hours for reviewing the documentation with other key adults involved in child care.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	8	88.8	1	11.11	0	00.00
self-assessment	4	40.0	2	20.00	4	40.00

**Table 25.** Principle 4: Long-term and short-term planning is based on individual children's strengths and needs.

Indicator 4.1.	Observations and documentation are used to develop long-term plans for child learning, including any changes that need to be made to the interactions of the adult with the child and the environment.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	7	77.7	2	22.22	0	00.00
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 4.2.	Plans are created for the opportunities for future learning activities based on the responses, interests, strengths and needs of each child.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	8	88.8	1	11.11	0	00.00
self-assessment	0	00.0	9	90.00	1	10.00
Indicator 4.3.	Plans are followed, following each child's management, as it interacts with materials, people and nature in the surrounding environment, making changes when and when it is needed.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	8	88.89	0	00.00
self-assessment	0	00.0	6	60.00	4	40.00

### 3.7. Priority area “Supporting Environments “

**Table 26.** Principle 1: The environment encourages the emotional well-being of each child.

Indicator 1.1.	The specialist demonstrates familiarity with stressors in the surrounding environment and strives to reduce them.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	3	33.33	6	66.67
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 1.2.	The specialist provides a place for rest, sleep and relaxation.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	2	22.22	8	88.89
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 1.3.	The specialist has expectations and directs the behavior of the child in a way that matches and is appropriate for the age of the child.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	1	11.11	6	66.67
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 1.4.	The specialist maintains a physical and emotional environment that minimizes conflicts and fosters positive interactions among young children by providing sufficient resources and positive interference.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	1	11.11	6	66.67
self-assessment	0	00.0	1	10.00	9	90.00

**Table 27.** Principle 2: The environment is safe, clean and free from all contamination and controlled.

Indicator 2.1.	The specialist provides and prevents safety problems.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	1	11.11	7	77.78
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 2.2.	The specialist ensures that the environment is clean, hygienic and free from dirt.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	1	11.11	7	77.78
self-assessment	0	00.0	0	00.00	10	100.0
Indicator 2.3.	The specialist monitors the good condition of the materials and furniture.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	2	22.22	6	66.67
self-assessment	0	00.0	0	00.00	10	100.0
Indicator 2.4.	The specialist is convinced that children are under constant observation, even when they are sleeping.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	0	00.00	9	100.0
self-assessment	0	00.0	0	00.00	10	100.0

**Table 28.** Principle 3: The environment is hospitable, accessible and comfortable.

Indicator 3.1.	The specialist arranges space for children to respond to their current needs, interests and the ability to move freely.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	2	22.22	6	66.67
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 3.2.	The specialist is convinced that the equipment and materials areas required for care are conveniently located.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	1	11.11	6	66.67
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 3.3.	The specialist arranges space so that family members feel comfortable and well during all inspections.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	1	11.11	6	66.67
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 3.4.	The specialist provides spaces that are warm, soft and predispose to proximity.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	1	11.11	6	66.67
self-assessment	2	22.2	1	11.11	6	66.67

**Table 29.** Principle 4: The environment stimulates children's play, discovery, independence and initiative.

Indicator 4.1.	The environment is organized in a way that supports game, discovery, autonomy and leadership (decision-making).					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	1	11.11	8	88.89
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 4.2.	Game materials are provided to stimulate all areas of development.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	2	22.22	6	66.67
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 4.3.	A variety of open-source materials are provided to combine to stimulate gameplay and discovery.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	0	00.00	6	66.67
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 4.4.	Children are provided to open spaces for at least part of the day.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	1	11.11	6	66.67
self-assessment	0	00.0	2	20.00	8	80.00
Indicator 4.5.	Providing an environment that encourages children to be active participants and take appropriate risks.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	0	00.00	6	66.67
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 4.6.	The specialist actively participates as part of the group as a source of help for children when needed as a gaming partner but provides enough space for children to be independent.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	2	22.22	7	77.78
self-assessment	0	00.0	1	10.00	9	90.00



**Table 30.** Principle 5: The environment encourages each child's sense of belonging.

Indicator 5.1.	The specialist shows pictures of children and their home environment that show that the child belongs to the surrounding environment.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	6	66.67	1	11.11
self-assessment	8	80.0	0	00.00	2	20.00
Indicator 5.2.	The specialist shows respect for all childhood experiences and self-expression.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	1	11.11	8	88.89
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 5.3.	The specialist provides materials and resources from the local community and culture as well as from nature.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	0	00.00	6	66.67
self-assessment	0	00.0	1	10.00	9	90.00

### 3.8. Priority area "Professional Development"

**Table 31.** Principle 1: Knowledge of children's development and learning contributes to the quality of early childhood experiences.

Indicator 1.1.	The specialist achieves competence and ability to interpret basic theories of development, neurology and education as a complement to related research results.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	4	44.44	5	55.56
self-assessment	0	00.0	8	80.00	2	20.00
Indicator 1.2.	The specialist has a holistic view of development and learning about the child's overall experiences.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	4	44.44	5	55.56
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 1.3.	The specialist identifies the main areas of experience in the child's holistic development to communicate sensitively with the family.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	1	11.11	5	55.56
self-assessment	0	00.0	8	80.00	2	20.00
Indicator 1.4.	The specialist applies knowledge to play an advocacy role when development is hindered in some way by actively making positive changes to the environment, the curriculum and the nature of relationships that support optimal learning.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	2	22.22	5	55.56
self-assessment	0	00.0	2	20.00	8	80.00

**Table 32.** Principle 2: Continuous participation in professional development activities improves the quality of practice.

Indicator 2.1.	The specialist seeks to support and reinforce practice through professional development activities (vocational training and staff training under supervision, work in vocational learners' communities, etc.) in all aspects of this Framework, including skills for developing human relationships.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	3	33.33	6	66.67
self-assessment	0	00.0	8	80.00	2	20.00
Indicator 2.2.	The specialist uses current self-assessment and reflection practices.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	2	22.22	5	55.56
self-assessment	1	10.0	8	80.00	1	10.00
Indicator 2.3.	The specialist is involved in learning communities with other people who work with the same or similar children and families to engage in in-depth dialogues about their practice, its impact on children, and how it can be improved to support learning and developing children.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	1	11.11	5	55.56
self-assessment	1	10.0	1	10.00	8	80.00
Indicator 2.4.	The specialist develops strategies for responding to the unpredictability and insecurity caused by rapid changes in society as a whole, 21st century family life and early childhood care.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	6	66.67	0	00.00
self-assessment	0	00.0	9	90.00	1	10.00
Indicator 2.5.	The specialist demonstrates the understanding that personal problems and potential prejudices or barriers can affect the relationship with children and families and seek professional counseling and further training if necessary.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	7	77.78	0	00.00
self-assessment	0	00.0	5	50.00	5	50.00

### 3.9. Priority area "Cross-sectoral cooperation"

**Table 33.** Principle 1: Interaction and cooperation with other professionals and services in the same and / or different sectors, such as ensuring privacy, confidentiality and dignity of children and families, improving the quality of service delivery.

Indicator 1.1.	The specialist provides information, referrals and links to other family services that they or the child need while providing privacy, privacy and dignity.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	5	55.5	4	44.44	0	00.00
self-assessment	1	10.0	0	00.00	9	90.00
Indicator 1.2.	The specialist carefully leads accurate dossiers for all children and their families.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	0	00.0	6	66.67	3	33.33
self-assessment	1	10.0	0	00.00	9	90.00
Indicator 1.3.	The specialist regularly cooperates with colleagues from other services, respecting the position, responsibility and expertise of the other.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	4	44.4	0	00.00	5	55.56
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 1.4.	The specialist critically analyzes his / her own professional preferences, prejudices, biases, judgments, and practices that can deliberately or unintentionally affect children and families.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	4	44.4	0	00.00	5	55.56
self-assessment	0	00.0	3	30.00	7	70.00
Indicator 1.5.	The specialist communicates and discusses with other experts who also provide services for children under the age of three in order to learn more about how to ensure a smooth transition and coordination between their own service and others.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	4	44.4	3	33.33	2	22.22
self-assessment	0	00.0	8	80.00	2	20.00
Indicator 1.6.	The specialist maintains complete confidentiality of all information about the child and the family and discloses it only if there is explicit written permission from the parents or if the child is at risk.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	6	66.67	0	00.00
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 1.7.	The specialist supports dialogue with colleagues and other service providers on how best to advocate for the adoption of democratic and inclusive approaches to services for very young children.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	4	44.4	5	55.56	0	00.00
self-assessment	7	70.0	1	10.00	2	20.00



**Table 34.** Principle 2: Consultation with an Early Child Diagnostic Specialist for formal screening and assessment where necessary prevents multiple developmental delays and atypical behaviors later in life.

Indicator 2.1.	The specialist documents observations to help early childhood specialists identify children who may have delayed development or disability.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	6	66.67	2	22.22
self-assessment	1	10.0	6	60.00	3	30.00
Indicator 2.2.	The specialist uses valid, reliable and appropriate screening tools recommended by early childhood diagnostics to monitor the condition of children who are found to be lagging behind, have disabilities and atypical behaviors.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	8	88.8	1	11.11	0	00.00
self-assessment	7	70.0	1	10.00	2	20.00
Indicator 2.3.	The specialist is open and collaborates with early childhood specialists to apply the proposed activities to children who are found to have developmental or disability impairment.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	8	88.89	0	00.00
self-assessment	0	00.0	8	80.00	2	20.00
Indicator 2.4.	The specialist is careful when talking to parents and families about visiting early childhood diagnostics, or about slowing down development or disability.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	1	11.1	8	88.89	0	00.00
self-assessment	0	00.0	1	10.00	9	90.00
Indicator 2.5.	The specialist draws and relies on parent /family information as part of the ongoing evaluation process when working with children with developmental or disability impairment.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	2	22.2	6	66.67	1	11.11
self-assessment	0	00.0	7	70.00	3	30.00
Indicator 2.6.	The specialist uses the information that can be obtained from the official tests conducted by early childhood specialists in a confidential and attentive way.					
Statements	Does not apply		Sometimes apply		Apply always	
Results	Nr.	%	Nr.	%	Nr.	%
observations	3	33.3	6	66.67	0	00.00
self-assessment	0	00.0	7	70.00	3	30.00

## 4. DISCUSSIONS

Identified as the first priority in the “Quality Framework for Early Childhood Services” (QFECS), **Area 1 “Relationships”** emphasizes that social relations are at the heart of the development of children under the age of three. The principles of adjoining indicators laid down in this area affirm that “the enrichment of children’s relationships and emotional experiences, the absorption of social norms, the stimulation of self-awareness are basic structural components of the child’s social development” (Derrijan and Valchev, 2015: 36).

The presented results of the surveyed priority area reveal that responsive, equitable and equal interactions have been developed in the Jesuit groups under investigation. The high degree of their manifestation is revealed by the statements made in the Daily Self-Assessment Report of the members of the cluster teams participating in the study.

Relatively close, the values of observations and self-assessment in the column “Applying permanently” are an expression of the conscious aspirations of professionals to promote relationships with the child that support their initiative in the process of communication - see “Relationships”: Principle 1, Indicators 1.2 , 1.5; Principle 2, Indicators 2.1, 2.3, 2.4; Principle 3, Indicators 3.2, 3.4; Principle 5, Indicators 5.1, 5.2.

The results that reflect the highlighted statements in the “Partially applied” column should also be disregarded. Their presence is an indicator that definitely signals the still dominant attitudes of some of the team’s cluster representatives that their role is only related to meeting the underlying needs of the child in the middle age. This observation highlights that institutional care professionals need targeted work to promote the understanding that “the earliest social task is attachment” (Tasevska, 2014: 39).

The indicators in **Area 2 “Family and Community”** focus on the quality of early childhood services that ensure a climate of tolerance and dialogue between the institution’s and the family’s representatives.

The results of the survey show that monitoring scores compared to self-assessment of crèche representatives overlap to a high degree - see Principle 2 “Sensitive, respectful, and equal family communication supports the development and learning of children.”

By itself, this fact reveals the already formed attitudes of the representatives of the cluster teams to communicate with families in



ways that show respect and appreciation, as well as to jointly discuss all decisions about the development, well-being and learning of their children.

The results reflecting Principle 3 “Services are best provided in partnership with the family” and Principle 4 “Partnerships based on cooperative and community-based cooperation best support families and children” reveal discrepancies in the “Daily Surveillance Report” and in the “Daily self-assessment report”. Their analysis is the basis for the following conclusions:

- Clearly cluster teams take action to implement an institutional policy related to the transformation of “working with the family” into “interacting with parents.” We find a testimony in the highlighted responses to the Families and Community indicators, Principle 3, Indicators 3.1, 3.2, 3.4, 3.5;

- there are still no practices that ensure “safe transition” where specialists can “negotiate with different services to support families” - see Family and Community, Principle 4, Indicator 4.1;

- despite the theoretical preparedness of the cluster staff, there is still insufficient use of “opportunities for members of the community involvement and participation in early childhood services” - see Family and Community, Principle 4, Indicators 4.2 and 4.3.

This task “is complicated by the fact that an individual approach is necessary, which in turn makes the standardization method virtually impossible” (Biletska, 2017: 66), ie the theoretical preparedness of the specialists depends on the level of their professional reflexive competence.

Undoubtedly, the Principles in the **Third Priority Area “Inclusiveness, Diversity and Values of Democracy”**, correspond directly to the indicators of the first and second priorities of the “Quality Framework for Early Childhood Services” (QFECS).

Confessing the values of democracy by all actors in the childcare care interactions up to the age of 3 are a strong indicator of a change in the provision of services in crèches.

The qualitative analysis of responses from the Third Priority Area reveals the following more significant summaries:

- the prevailing answers in the “Partial Apply” and “Applying Permanently,” both marked in both the Daily Surveillance Report and the Daily Re-Port for Self-Assessment, reveal the unbalanced implementation of activities that ensure the promotion of the right of every child and his /her family be included,

respected, appreciated - see area “Inclusion, diversity and values of democracy”, Principle 1, Indicators 1.1, 1.3, 1.4; Principle 2, Indicators 2.1, 2.3, 2.4; Principle 3, indicators 3.2, 3.3, 3.5; Principle 4, Indicators 4.1, 4.3, 4.4;

- the identified partiality in this direction unambiguously reveals the need to upgrade the competencies of the cluster teams in areas that are definitely important for enhancing the quality of early childhood services - see “Inclusion, Diversity and Values of Democracy,” Principle 2, Indicators 2.1, 2.2, 2.3; Principle 3, indicators 3.2, 3.3, 3.5; Principle 4, Indicators 4.1, 4.3, 4.4;

- it is positively commented on the fact that they are marked in this way (mostly in the “Partially applied” and “Applying permanently” scales), the responses to the study reveal the “awareness” of the key weight of the period from 0 to 3 years for the development of all the identities of the child - see area “Inclusion, diversity and values of democracy”, Principle 3, Indicators 3.1, 3.2, 3.3 and 3.4.

It can be summed up that the results of the monitoring program in this priority area reveal the readiness of the clergy specialists to formulate clearer organizational messages regarding their professional inclusion in the social and emotional adaptation of the children of the elderly.

At first reading, the **Fourth Priority Area** of the “Quality Framework for Early Childhood Services” (QFECS) suggested results that would not give rise to any doubts about the quality of health, well-being and nutrition services for children under 3 years of age.

A deeper analysis of the survey results reveals inconsistencies in the marked responses from the monitoring and the members of the cluster teams.

In fact, “Claiming Health” is the most consistently highlighted in applying Principle 1 “Every child’s health is being promoted” - a result that is reflected in Indicators 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8.

The results recorded in Principle 2, Principle 3 and Principle 4 show fluctuations in the extent to which they are applied: they mainly vary between “Partially applied” and “Not applicable” (see area 4 - Principle 2, Indicators 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, Principle 3, Indicators 3.1, 3.3, 3.4, 3.5, Principle 4, Indicators 4.1, 4.2, 4.3 and 4.4).

There are also contradictions in the results reported in the Daily Survey Survey and the Daily Self-Assessment Report - Principle 2, Indicators 2.1, 2.2, 2.3, 2.4, 2.6; Principle 3,

Indicators 3.1, 3.3, 3.4 and Principle 4, Indicator 4.2.

These contradictions focus attention on the need to rethink the process of interaction towards the understanding that:

- health and nutrition with children under the age of 3 are an integral part of creating affection;

- the affection of the child under the age of 3 is a dynamic process that requires the continuous creation of close and positive interactions during nutrition and care.

An important part of supporting children under the age of 3 is to master procedures for giving recommendations to families when children show signs of atypical behavior, depression or anxiety. The analysis of the results in this context unambiguously shows that “joint engagement in this process requires, besides recognition and acceptance, also readiness to discuss differences of opinion and to deal with everyday problems” (Vitanova and Miteva, 2017: 201)

Undoubtedly, the **Fifth Priority Area** is extremely important in the Quality Framework for Early Childhood Services. Development and learning are the synchronized process that allows the potential of the child under the age of 3 to be unleashed.

The marked responses in the “Daily report for self-assessment” are mostly in the highest scale of the “Applying permanently” scale - see Development and Learning, Principle 1, Indicators 1.1, 1.2, 1.3, 1.4; Principle 2, Indicators 2.1, 2.4, 2.5; Principle 3, Indicators 3.1, 3.2, 3.4, 3.5; Principle 4, Indicators 4.1, 4.2, 4.3, 4.4.

On the other hand, the dynamics in the responses from the “Daily Surveillance Report” deprives the credibility of the registered indicative components by the cluster teams, given that the monitoring expert predominantly notes the claims in the “Partially applied” and “Not applicable” columns - see Development and Learning Area, Principle 1, Indicators 1.1, 1.3, 1.4; Principle 2, Indicators 2.1, 2.2, 2.3, 2.4, 2.5, 2.6; Principle 3, Indicators 3.3, 3.4, 3.5; Principle 4, indicators 4.1, 4.2, 4.3, 4.4.

This finding draws attention to a relatively high percentage amongst the cluster members who are sufficiently aware that care must always be approached as opportunities.

Nevertheless, it turns out that practitioners do not have the specific competencies necessary for “situations in which, when playing, the child exhibits his abilities and personal qualities, inspired by the experience and gain-

ing on his basis new own experience” (Dimitrova, 2017: 33) to make the most of them for development, learning and well-being for the child under 3 years of age.

“Surveillance and Documentation” (**Sixth Priority Area** in R & DD) is the basis for adults to be open and to build relationships with babies and very young children.

There is a growing recognition that systematic “monitoring and documentation” of the well-being of children under the age of 3 determines the planning of new learning practices, the adaptation of the environment as well as the refinement of timetables, activities and adaptation of care needed for early childhood development.

These regularities underline the importance of the Sixth Priority Area in providing quality services in early childhood. There are again inconsistencies in the classification of these statements.

Representatives of the cluster teams have their answers mostly in the “Applying permanently” scale against the “Part-Apply” and “Non-Applicable” responses marked by the Expert-Monitoring - see Section 6, Principle 1, Indicators 1.1, 1.3, 1.4; Principle 2, Indicators 2.1, 2.2, 2.3, 2.4; Principle 3, Indicators 3.1, 3.2, 3.3, 3.4; Principle 4, indicators 4.1, 4.2 and 4.3.

It can be summed up that data in the “Daily Surveillance Report” and in the “Daily Self-Assessment Report” reveals the objectively binding of the observed indicator components in the marked answers. Their analysis is in the direction of the different starting points that respondents place in the focus of their attention:

- Certainly the representatives of the cluster teams, in the capacity of medical specialists, carry out systematic observations and document the actual health status of each child, which explains the claims in the degree “Applying permanently”;

- as a pedagogical specialist, the monitoring expert focuses on the essentials in the documentation and planning process: as a way to take into account the progress of the child in the interactions that explains the claims in the “Partial Apply” and “Not Applicable” assumptions.

It is objectively appreciated that positive changes are reported in the efforts of the cluster teams to respond to the need for close relationships with parents. A testimony in this direction is the sharing of analyzes of the instrument used to evaluate child achievement - the child’s portfolio - used in the three clergy

groups.

Undoubtedly, the **Seventh priority area** of the “Quality Framework for Early Childhood Services” (QFECS) has accumulated the highest number of matches in the registered results from the cluster teams and the monitoring expert. The observed similarities of the reported statements are observed in the separate 5 principles and their corresponding indicators.

Since the indicators of a safe, healthy and supportive environment are meaningful, the high values of the positive response are a clear indicator of the validation of the appropriate choice in the organization of the environment in the study groups.

This result corresponds directly to the quality of services in the early childhood and is a reliable source for the following summaries:

- cluster teams maintain a physical and emotional environment that minimizes conflicts among young children - see Priority Area “Supporting Circles”, Principle 1, Indicators 1.1, 1.2, 1.3, 1.4, 1.5;
- cluster teams provide sufficient resources to stimulate all areas of child development - see Priority Area “Supporting Circles”, Principle 4, Indicators 4.2 and 4.3;
- the blind teams are aware of the crucial role of a supportive environment that develops a sense of belonging to the child up to the age of 3, Principle 5, indicator 5.2.

The complexity and complexity of the indicators under discussion in this priority area requires the following statement: additional care is needed for the specialists in the cleric groups to use appropriate pedagogical interventions in the course of interactions with the child under the age of 3 (see Seventh area, Principle 2, Indicator 2.3, Principle 3, Indicators 3.1, 3.4, Principle 5, Indicators 5.1, 5.3).

In this direction for the pedagogy of early childhood there is a sufficiently large array of studies devoted to the psychological characteristics of children. It is their age-specificity that argued that “authoritarian educational methods and normative directives a priori can not be dominant at this age and can not determine the child’s invisible and visible self-esteem” (Yanakieva, 2014).

The principles included in the **Eighth Priority Area** focus on the link between the quality of services provided by children under the age of three and the level of training and professional development of adults working with them. The indicators that “illuminate” this relationship are sufficiently eloquent to

reflect the current state of the respondents in this study.

Coincidences in the claims marked in the Daily Surveillance Report and in the Daily Self-Assessment Report are clearly noticed - see “Professional Development”, Principle 1, Indicator 1.1, 1.2; Principle 2, Indicator 2.1, 2.2, 2.3, which reveals the attitudes of the teams scrutinized to increase their competencies towards addressing the specific needs of the child under the age of 3.

However, the reported contradictions in Principle 1, Indicators 1.3, 1.4 and Principle 2, Indicators 2.4, 2.5 - a finding pointing to the fact that there are still some specialists accompanying children under the age of 3 who “Do not think that it is necessary to continually analyze and enrich their own teaching experience” (Stošić and Stošić, 2013).

It is obvious that adults working with children under 3 years need a toolbox that:

- allows identification of main areas and experience in the child’s holistic development in order to communicate sensitively with families;
- requires an advocacy role when development of the child is hindered in any way; help develop strategies to respond to the unpredictability and insecurity caused by rapid changes in society as a whole in family life in the 21<sup>st</sup> century.

The **9<sup>th</sup> priority Area “Cross-sectoral cooperation”** draws attention to the need to apply the multidisciplinary approach in early childhood. Naturally, this process needs knowledge that goes some way beyond the professional competence of adults accompanying a child from 0 to 3 years.

The results in the attached tables (No. 32 and No. 33) outline the tendency for sufficiently active and searching behavior of the teams of the groups in this direction. The presented ratios are a demonstration of the maturity and responsibility of the participants about the irreversible sensitivity of the age period and the maximum utilization of the internal conditions for development of the child created by this sensitivity.

Registered answers in the “Partially applied” and “Not Applicable” roles - see Nine Fields, Principle 1, Indicators 1.1, 1.4, 1.6, 1.7; Principle 2, indicators 2.2, 2.3, 2.4, 2.5 and 2.6, reveals the difficulty of the cluster teams:

- to provide care and support services to children and their families during critical early childhood periods;
- to use valid, reliable and appropriate



screening tools recommended by early childhood diagnostics to monitor the condition of children;

- to maintain a trust relationship with the families of children with developmental delays, in order to obtain up-to-date information as part of the ongoing evaluation process;
- to ensure a smooth transition in the establishment of a network of relations to ensure partnership with institutions and non-governmental organizations (NGOs).

## 5. CONCLUSIONS

The results of the study, which is related to the issue of early childhood well-being in the institutional care system, reveal deficiencies resulting from:

- applying still inertial patterns of interactions with children and their families;
- unjustified, partial and therefore ineffective structuring of a unified strategy for the functioning of the CSS;
- sporadic, partial and fragmentary attempts to transform institutional care policies into early childhood.

Undoubtedly, the principles and indicators differentiated in the Nine Priority Areas of the Applied Framework outline the essence of the relationship and meaning of care with children from birth to 3 years. Formulated metrics make it possible to specify the steps in the process of their creation, deployment and maintenance. It can be conclusively concluded that its use impersonates "the necessity for educational results in the shape of competence as an indicator of human capital" (Tsankov, 2018: 69).

In this regard, the objective analysis of the results obtained from the "Quality Framework for Early Childhood Services" (QFECS) in the three clerical groups reveals a priori its reflected reflexion, causing proactive (conscious) striving for quality services at all levels. It is precisely this inductive feature that nominates the Framework as a reliable and robust tool for enhancing the quality of early childhood services.

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## Conflict of interests

The author declares no conflict of interest.

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